MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00336

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: 00334
04 COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick | LENGTH OF STAY (in this place) 2 yrs 10 mo
64 HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY 04 Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	~~Thomas~~ Mary	E.	Buckhead	Jan	1	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	April 1, 1873	81 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Domestic	Domestic	Maryland.	

13. FATHER'S NAME: George Washington Swann
14. MOTHER'S MAIDEN NAME: Mary E. Fowler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
No		—	Mr Joseph L. Swann Owings Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) DUE TO: Hypertensive cardio vascular disease	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO: arteriosclerosis	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
0		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5/26 19 54, to 12 31, 19 54, that I last saw the deceased alive on 1/1, 19 55, and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE: M Weems (Degree or title) MD — ADDRESS: Owingstown — DATE SIGNED: 1/1/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/55	Friendship Cemetery	Friendship Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 1, 1955	Grace L. Hutchins	Wm H. Hutchins	Owings, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00337

00335 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Prince Frederick
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Solomons X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret E. (Middle) (Last) Breeden

4. DATE OF DEATH: (Month) Jan (Day) 13, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Dec. 22, 1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 0 Days 21 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Janville

14. MOTHER'S MAIDEN NAME: ? Bourne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Mrs Ruth M. Costen Solomons

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1954, to Jan 13, 1955, that I last saw the deceased alive on Jan 13, 1955, and that death occurred at 2:35 PM, from the causes and on the date stated above.
SIGNATURE Earl Leonard M.D. ADDRESS St Leonard DATE SIGNED Jan 13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan. 16, 1955 NAME OF CEMETERY OR CREMATORY Middleham Chapel LOCATION (City, town, or county) (State) Lusby - Calvert Co. - Md

DATE REC'D BY LOCAL REGISTRAR 1/15/55 REGISTRAR'S SIGNATURE A. W. Ward

24. FUNERAL DIRECTOR C. C. Hackness & Son ADDRESS Mutual, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00338

00336

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Dares, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dares road Nr. Fred. X
STREET ADDRESS (If rural give location) Rfd. 1

3. NAME OF DECEASED (Type or Print): (First) Glenn (Middle) Thomas (Last) Brooks
4. DATE OF DEATH: (Month) Jan. (Day) 30 (Year) 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 9 Dec 1954
9. AGE last birthday: 6 mos yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dennis Willis Brooks
14. MOTHER'S MAIDEN NAME: Lena Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia. 491.X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Medical Examiners certificate., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3 A .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W Weems. M.D. Huntingtown 1/31/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/31/55
NAME OF CEMETERY OR CREMATORY Plum Point church
LOCATION (City, town, or county) (State) Plum Point, Md.

DATE REC'D BY LOCAL REG. 1/31/55
REGISTRAR'S SIGNATURE D. N. Ward
24. FUNERAL DIRECTOR Leroy Berry ADDRESS Huntingtown, Md.

20V4419407

RECEIVED
FEB 4 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00337

CERTIFICATE OF DEATH

00339

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owens Frederick
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) A. (Last) Cox

4. DATE OF DEATH: (Month) January (Day) 31, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: December 24 1886 | 9. AGE last birthday: 69 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Tilled

14. MOTHER'S MAIDEN NAME: Christina Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 216-03-8844

17. INFORMANT & ADDRESS: Virgil Cox. Huntingtown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 442X

(A) DUE TO: Hypertensive cardiovascular disease

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 1947 to 1/31, 1955, that I last saw the deceased alive on 1/31, 1955, and that death occurred at 4:10 P. M. from the causes and on the date stated above.

SIGNATURE M.D. ADDRESS Huntingtown Md DATE SIGNED 2/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 3 1955 | NAME OF CEMETERY OR CREMATORY Calvary Methodist | LOCATION (City, town, or county) (State) Huntingtown, Md.

DATE REC'D BY LOCAL REGISTRAR 2-2-55 | REGISTRAR'S SIGNATURE H. W. Cook

24. FUNERAL DIRECTOR ADDRESS A. A. Harkins, Son, Mutual, Md.

RECEIVED
FEB 9 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00340

CERTIFICATE OF DEATH

00338 Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach Md. | LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Beach. Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dent (Middle) Lyle Talbott (Last) Casey

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Mar 23 1888 | 9. AGE Last Birthday: 66 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY: Laborer | 11. BIRTHPLACE (State or foreign country): Calvert Co Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Dorsey Casey | 14. MOTHER'S MAIDEN NAME: Mary Ellen Casey

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 216-18-5367 | 17. INFORMANT & ADDRESS: Mrs Hattie Casey, Chesapeake Beach Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary thrombosis — 15 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senility in a chair

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:00 P.M. from the causes and on the date stated above.

SIGNATURE H W Ward M D (Degree or title) ADDRESS Owings Md DATE SIGNED 1/13/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/14/55 | NAME OF CEMETERY OR CREMATORY Emmanuel | LOCATION (City, town, or county) Plum Point (State) Md

DATE REC'D BY LOCAL REGISTRAR Jan. 14, 1955 | REGISTRAR'S SIGNATURE Grace L. Hutchins | 24. FUNERAL DIRECTOR W B H. Hutchins | ADDRESS Owings Md

VS. A15

RECEIVED
JAN 19 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00341

CERTIFICATE OF DEATH

00339 Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 8 das.
64 HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) First: Lillie (Middle): Laveille (Last): Parcel

4. DATE OF DEATH: (Month) Jan. (Day) 10 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: July 18 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10B KIND OF BUSINESS OR INDUSTRY: Home

11 BIRTHPLACE (State or foreign country): Calvert Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13 FATHER'S NAME: Alexander Laveille

14. MOTHER'S MAIDEN NAME: Margaret Ann Sedwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Box, Hay Shipley - Ft. Tedonch

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (B) DUE TO — Senility

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION

19B MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 19 54, to Jan 10, 19 55, that I last saw the deceased alive on Jan 10 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE R. W. Ward M. D. ADDRESS St Leonard DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 12 1955

NAME OF CEMETERY OR CREMATORY Christ Church

LOCATION (City, town, or county) Fort Republic (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-11-55

REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son

ADDRESS Mutual, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00342

STATE DEPARTMETT OF HEALTH

MARYLAND 00340

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
64 HOSPITAL OR INSTITUTION OR STREET ADDRESS County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Prince Frederick, Md.

3. NAME OF DECEASED (Type or Print): (First) Handy (Middle) Morsell (Last) Hawkins
4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1955

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 11-21-54
9. AGE last birthday: yrs. — If under 1 year: Months 1 / Days 17 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Donald Freeland
14. MOTHER'S MAIDEN NAME: Josephine Ellen Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Eugene Hawkins Huntingtown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days?
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: V
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8, 1955, to 1/8, 1955, that I last saw the deceased alive on 1/8, 1955, and that death occurred at 6 P m., from the causes and on the date stated above.
SIGNATURE Ray C Nott (Degree or title) ADDRESS Prince Frederick DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE 1-10-55 — NAME OF CEMETERY OR CREMATORY St. Edmonds — LOCATION (City, town, or county) (State) Calvert Co. Md.
DATE REC'D BY LOCAL REG. 1-10-55 — REGISTRAR'S SIGNATURE N. W. Ward
24. FUNERAL DIRECTOR — ADDRESS P T Sewell Pr. Fred. Md.

20X4161445

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00343

00341

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Beach Md
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Maynard (Middle) B (Last) Hunt

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W | 8. DATE OF BIRTH: 4/29/1876 | 9. AGE last birthday: 78 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Franklin A Brendel | 14. MOTHER'S MAIDEN NAME: Alice Ziegler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs Alice Linn Mason

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4 2 2, 2 Immediate cause	(a) Bronchial Pneumonia	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Acute myocarditis	8 hrs
	DUE TO (c) Chron Myocarditis	5 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to 1/21, 1955, that I last saw the deceased alive on 1/21, 1955 and that death occurred at 9:55 P.M., from the causes and on the date stated above.

SIGNATURE Maynard Owen (Degree or title) | ADDRESS Md | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/24/55 | NAME OF CEMETERY OR CREMATORY Mt Emblem | LOCATION (City, town, or county) (State) West Md

DATE REC'D BY LOCAL REGISTRAR 1/24/55 | REGISTRAR'S SIGNATURE H Woods | 24. FUNERAL DIRECTOR J W Lee Inc | ADDRESS West Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00342

CERTIFICATE OF DEATH

00344

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11

1. PLACE OF DEATH:
(a) COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Dr Frederick
LENGTH OF STAY (in this place) 1 day this
(b) HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Beulah (Middle) (Last) Jenkins

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 5, 1924

9. AGE last birthday: 30 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert County, MD

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Garfield Jenkins

14. MOTHER'S MAIDEN NAME: Nettie Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): N — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr myocarditis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/8 ....., 1946, to 1/2 ....., 1955, that I last saw the deceased alive on 1/2 ....., 1955, and that death occurred at 1.15 PM ....., from the causes and on the date stated above.

SIGNATURE (Degree or Title) — ADDRESS — DATE SIGNED

J. W. Weems MD — Huntingtown — 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-5-55 — NAME OF CEMETERY OR CREMATORY: Cooper's Church — LOCATION (City, town, or county) (State): Prince Fred Md

DATE REC'D BY LOCAL REGISTRAR: 1-4-55 — REGISTRAR'S SIGNATURE: N. W. Ward

24. FUNERAL DIRECTOR: P. C. Tenard — ADDRESS: Prince Fred Md

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00345

00343

CERTIFICATE OF DEATH

Reg. Dist. No. 51

ter 9, 1-1-61 Clv 1-27-55 et

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH.
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Island Creek
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Tennessee COUNTY Unicoy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Erwin
STREET ADDRESS (If rural give location) 79 X. 6th

3. NAME OF DECEASED. (Type or Print) (First) Eliza (Middle) A. (Last) Lloyd

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1955

5. SEX. F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Oct. 18, 1886

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR: Months 3 Days 1 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Tattle

14. MOTHER'S MAIDEN NAME: Alice Frater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Thomas R. Lloyd - Island Creek, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Heart failure DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 19 55, to Jan 19, 19 55, that I last saw the deceased alive on Jan 19, 19 55 and that death occurred at M, from the causes and on the date stated above.

SIGNATURE R. Williamson M. D. ADDRESS Erwin DATE SIGNED Jan 20/

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 23, 1955

NAME OF CEMETERY OR CREMATORY Garland Cemetery

LOCATION (City, town or county) Erwin, Tennessee (State)

DATE REC'D BY LOCAL REGISTRAR 1-20-55

REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR A. G. Harkness & Son - Mutual, Md. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

0034?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00346

Reg. Dist. No. 32

Item e, FilmGl 6 2-3-56 et

1. PLACE OF DEATH:

County: Calvert

City or town: Huntingtown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Rest Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: North Beach (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Minna Rausch

3.(b) Social Security Number: 9 - -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	Married

6.(b) Name of husband or wife: Harry C. Rausch

6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): November 2, ~~1875~~ 1880

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
74	2	19		

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Charles Boechel

13. Birthplace

MOTHER 14. Maiden name: Louise Richtermeyer

15. Birthplace

16. Informant: Harry C. Rausch

Address: North Beach, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 25, 1955 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Prince George's Co.

18. Funeral director: Deal Funeral Home

Address: 816 H St. N. E., Wash. D. C.

19. Jan. 24 19 55 (Date rec'd by registrar) Grace L. [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 21 19 55 at 3 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 54 to Jan. 21 19 55 and that I last saw her alive on January 18 19 55

Immediate cause of death	DURATION
Mesenteric Thrombosis	4 days
Due to Arteriosclerosis	
Due to 572.2	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: [illegible] Date signed: 1/21/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00347

00344 **CERTIFICATE OF DEATH** Reg. Dist. No. 51

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Prince Frederick, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) M. (Last) ROBINSON

4. DATE OF DEATH: (Month) Jan (Day) 31, (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: Jan. 13, 1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): St. Mary's County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ross Draper

14. MOTHER'S MAIDEN NAME: Ella Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Washington T. Robinson Solomons, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 4201

(A) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) HYPERTENSION

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. T.I.C. DOLOREUX CARCINOMA OF BREAST

19A. DATE OF OPERATION 6

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 49, to , 19 ..., that I last saw the deceased alive on 1/31, 1955, and that death occurred at 3 05 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Prince Frederick DATE SIGNED 1/31/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Feb. 3, 1955 — NAME OF CEMETERY OR CREMATORY Solomons Methodist — LOCATION (City, town, or county) Solomons, Md. (State)

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR A. A. Harkness & Son — ADDRESS Mutual, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00348

CERTIFICATE OF DEATH

09345 Reg. Dist. No.

1. PLACE OF DEATH
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Prince Frederick
LENGTH OF STAY (in this place) 5 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 64 Calvert Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parran
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) Benjamin (Middle) T. (Last) Talbott

4. DATE OF DEATH: (Month) Jan. (Day) 13 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S

8. DATE OF BIRTH: Nov. 11, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10B. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Talbott

14. MOTHER'S MAIDEN NAME: Fannie Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: No

17. INFORMANT & ADDRESS: Dorsey Hance - Parran, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO: Heart-Failure (Coronary Occlusion) — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO: Hypertension C.V. Renal

(C) Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6, 1955, to 1/13, 1955, that I last saw the deceased alive on 1/13, 1955, and that death occurred at 9:55 M., from the causes and on the date stated above.

SIGNATURE Page Dett M. D. ADDRESS Prince Frederick DATE SIGNED 1/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan. 17 1955

NAME OF CEMETERY OR CREMATORY: Emanuel Cemetery

LOCATION (City, town, or county) (State): Plum Point, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/15/55

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR: A. A. Hackman & Son ADDRESS: Mutual, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00349

CERTIFICATE OF DEATH

00346

Reg. Dist. No. 50

1. PLACE OF DEATH.
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 06

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Leonards
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED. (Type or Print) (First) Priscilla (Middle) Catherine (Last) Tucker

4. DATE OF DEATH: (Month) Jan. (Day) 27 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W

8. DATE OF BIRTH: Feb. 25, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 11 Days 2 IF UNDER 24 HRS: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ? Fowler

14. MOTHER'S MAIDEN NAME: Mary Susan Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Mrs John Henderson - St. Leonards, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE: 45 min.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Cardiac Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

DUE TO

(B) Arteriosclerosis — 5 yrs

DUE TO

(C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 19 54 to —, 19 .., that I last saw the deceased alive on 1/29, 19 54, and that death occurred at 11 A.M, from the causes and on the date stated above.

SIGNATURE E. S. Coster M. D. ADDRESS Solomons, Md DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DATE THEREOF Jan. 29, 1955

NAME OF CEMETERY OR CREMATORY St. Waters Memorial

LOCATION (City, town, or county) Island Creek, Md (State)

DATE REC'D BY LOCAL REGISTRAR 1/28/55

REGISTRAR'S SIGNATURE Dr. E. S. Coster

24. FUNERAL DIRECTOR A. A. Hasknew & Son - Mutual, Md. ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00350

CERTIFICATE OF DEATH

Reg. Dist. No. 5/

00347

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Edelma
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edelma X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) First Patricia (Middle) (Last) Willett

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 1933

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Oct 4, 1854

9. AGE last birthday: 3 mo yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roger Willett

14. MOTHER'S MAIDEN NAME: Georgia Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Roger Willett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

924.0
Immediate cause (a) Suffocation

DUE TO (b) Laid on while sleeping

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) between father & mother

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chest show signs of pneumonia and

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home

(CITY OR TOWN) Edelma (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 1 (Day) 29 (Year) 33 (Hour) 3:45 (m)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? Laid between father & mother

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Davis ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/29/33 NAME OF CEMETERY OR CREMATORY Carol LOCATION (City, town, or county) (State) Easton Md

DATE REC'D BY LOCAL REGISTRAR 1/29/33 REGISTRAR'S SIGNATURE A Woodland

24. FUNERAL DIRECTOR Jewell P.E. Sumwalt ADDRESS Fred, Md

2004328404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Hopkins
40 wks
6' 9"
32 yrs.
8th child

RECEIVED
FEB 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00351

00348

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Broomes Island
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Broomes Island. X
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) E. (Last) Williams

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Jan. 15, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 0 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oysterman & Fishing

10B. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Calvert Co., Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Williams

14. MOTHER'S MAIDEN NAME: Nancy Beverly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Sanford Williams - Br. Island.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Coronary occlusion.

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ~~Home~~

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19... , to ..... , 19 ..., that I last saw the deceased alive on ..... , 19 ..., and that death occurred at 3 P. M, from the causes and on the date stated above.

SIGNATURE J. H. Weems acting med. examiner M. D. ADDRESS DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 25, 1955 | NAME OF CEMETERY OR CREMATORY Waters Memorial | LOCATION (City, town, or county) (State) Island Creek, Md

DATE REC'D BY LOCAL REGISTRAR 1/25/55 | REGISTRAR'S SIGNATURE L. W. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son - Mutual, Md ADDRESS

RECEIVED
JAN 23 1955
BUREAU V. S.